

Professional Employer Organizations (leasing) electing to file all clients under one employer account number must complete a Surety Bond and mail the **original document with original signatures** to the following address. Also, remember to submit a required [Status Report](#).

LOUISIANA DEPARTMENT OF LABOR

Employee Leasing Program
Tax Liability and Adjudication Unit,
P.O. Box 94186,
Baton Rouge, LA 70804-9186
Telephone: 225-342-2942

SURETY BOND
FOR PROFESSIONAL EMPLOYER ORGANIZATIONS

KNOW ALL PERSONS BY THESE PRESENTS:

THAT, _____
(name and address of PEO), as Principal, and _____
_____ (name and address of insurer),
as Surety, through undersigned representatives, are held and firmly bound unto the Louisiana Department of Labor, as Oblige, in the penal sum of one-hundred thousand (\$ 100,000) dollars, in lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly, severally and firmly by these presents, in accordance with Act 1150 of the 2001 Regular Legislative Session, particularly La. R.S. 23:1761-1768.

WHEREAS, the above bounden Principal is registered, or has filed thereof, with the Department of Labor and Commissioner of Insurance of the State of Louisiana to operate as a professional employer organization.

WHEREAS, furthermore, the above bounden Principal, where incorporated or under partnership, has registered with or procured a certificate of authority/license to transact business from the Secretary of State of the State of Louisiana.

WHEREAS, the above bounden Surety has procured a certificate of authority/license to transact business from the Commissioner of Insurance of the State of Louisiana.

NOW, THEREFORE, the condition of this obligation is such that if the above bounden Principal shall comply with the applicable statutes of the State of Louisiana and all rules, regulations and orders of the Louisiana Department of Labor related to professional employer organizations, then the above obligation shall be void, otherwise, to be and remain in full force and effect.

This surety bond shall be effective as of _____ and shall remain in force for a period of three (3) years, at which time the bond shall be adjusted in accordance with rules promulgated by the Louisiana Department of Labor. This bond may be continued for additional periods by a Continuation Certificate from the Surety.

It is herein understood and agreed that the aggregate liability of the Surety shall not exceed that penal sum of the bond, this bond is continuous in form, and if the Surety shall so elect, this bond may be canceled upon advance notice of thirty (30) days to the Obligee and the Principal of its intention to terminate its liability hereunder.

PRINCIPAL: _____

By: _____ (Name and Title)

SURETY: _____

By: _____ (Name and Title)